



## Village of Marvin Radar Trailer Request Form

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Radar Trailer Placement Request Location: *(Street, Intersection, Address)*

\_\_\_\_\_

Subdivision: *(If Applicable)* \_\_\_\_\_

HOA Contact Name and Phone Number: \_\_\_\_\_

Reason for Radar Trailer Request: \_\_\_\_\_

Is there access to a 120V if an extension cord is provided? \_\_\_\_\_

**Please Note:**

*The trailer area will be placed in an area that ensures that traffic will not be impeded. This may result in the placement in an area next to the street or on the side-walk.*

**Please fax or email this form to: Christina Amos, Village Manager**

**Email: [manager@marvinnc.gov](mailto:manager@marvinnc.gov)**

**Phone: 704-843-1680**

**Fax: 704-843-1660**

Office Use Only:

Date Rec'd: \_\_\_\_\_

Time Rec'd: \_\_\_\_\_

Rec'd By: \_\_\_\_\_